

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16352

State File No. 534

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6032		Registrar's No. 534	
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - DONIPHAN		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN RURAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI. S. OF DONIPHAN				e. STREET ADDRESS (If rural, give location) 4 MI. S. OF DONIPHAN			
3. NAME OF DECEASED (Type or Print)		a. (First) KATE		b. (Middle)		c. (Last) WILLIAMS	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		4. DATE OF DEATH (Month) (Day) (Year) MAY 2 - 1955	
8. DATE OF BIRTH FEB. 19 - 1899		9. AGE (In years last birthday) 66		10. MONTHS 2		11. DAYS 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) MOARK - ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOE CARSON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE A.C. WILLIAMS SR.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.C. WILLIAMS SR. - DONIPHAN - Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 1-12-55 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Death followed severe fall which may be related to the disease - 5-2-55				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Doniphan Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 1-12-55 to 5-2-55 that I last saw the deceased alive on 5-2-55 and that death occurred at 11:00 A.M. from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		23b. ADDRESS Doniphan Mo.		23c. DATE SIGNED 5/5/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/4/55		24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEM.		24d. LOCATION (City, town, or county) (State) DONIPHAN - MISSOURI	
DATE REC'D BY LOCAL REG. 5-11-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - DONIPHAN - Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 480

P. O. Address Danville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.